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## ORIGINAL DEPARTMENT.

### Communications.

#### A METHOD OF TREATING PHYMOSIS.

BY ELLIOT COUES, A. M., M. D.

Assistant Surgeon, U. S. A.

INDEPENDENTLY of its occurrence as a congenital malformation, phymosis may always, and very often does supervene as a complication of venereal or other affections of the penis, in persons whose prepuce is so voluminous as to habitually cover the glans. The condition is of itself a trivial affair; but often becomes a matter of serious consequence, not only by its agency in predisposing to certain forms of disease, and promoting the morbid action when once established, but also, in a therapeutic point of view, by placing an annoying impediment in the way of the effective application of appropriate remedies.

When phymosis occurs as a concomitant or consequence of balanitis, etc., to a degree which renders exposure of the glans impossible, the cure is always difficult, usually tedious, and sometimes impracticable, unless we resort to the knife. With the utmost attention to cleanliness, and frequent injections of astringent or other remedies, it is difficult to overcome the morbid action, and check the purulent secretion, when these are kept up by the continual apposition of the inflamed surfaces of the glans and preputial mucous membrane. In these cases circumcision or slitting of the prepuce may be required.

These remarks are doubly applicable to another class of cases; those on which complete occlusion of the glans concurs with phagedenic, syphilitic, or other form of ulceration of the glans or preputial mucous membrane. Here it is indispensable that energetic remedies should be applied to the foci of disease, and as we cannot do so, for the sores are tightly tied up in a bag of which phymosis holds the

strings. It were inadmissible to squirt into the whole bag the powerful caustics which should be applied to the ulcers alone; and to use an astringent injection—virtually a placebo,—is worse than useless; for while we are thus dallying with the disease, rapid disintegration of tissue may be going on within, hid from view by the provoking phymosis. Here is a dilemma, one horn of which is to let the disease go on unchecked; the other to loosen the strings of the bag. The preputial constriction must be summarily disposed of with the knife, if it cannot be made to yield by other means.

But it is precisely in these cases of concealed chancroids, phagedenic ulcers, etc., that the removal of the constriction is most imperatively demanded, and at the same time an operative procedure to be sedulously refrained from if possible; from the well known extreme liability that the cut edges of the prepuce will take on morbid action by inoculation. Who has not seen an enormous semilunar ulcer, two or three inches long, and half an inch wide, whose ragged edges may by rapidly sloughing, to follow the splitting up of a tumid and infiltrated phymosis? The possibility or rather the probability of such a consequence of an operation should be borne in mind, and diligent endeavor should be made to refrain from the use of the knife. Sometimes, where the constriction is slight or moderate in degree, warm fomentations or emollient applications may suffice; but ordinarily will prove inefficient.

It has occurred to me that in such cases some mechanical means calculated to effect gradual dilatation might be successfully employed. As is well known, almost any tissue of the body will yield to a moderate degree of force applied constantly and with a slight augmentation graduated according to circumstances. Familiar instances of this fact are seen in the dilatation of an urethral stricture by the successive introduction of bougies of increasing calibre; of a rigid os uteri by India rubber water-bags; of a vagina or rectum by sponges,

conical specula, etc. Why not regard a phymosis as a "stricture" and treat it upon the same plan?

A penis, except in a certain state, physiological and not pathological, is a very flaccid and mobile organ; and it is natural to infer, a priori, that the application of the principle of mechanical dilatation would be readily practicable. The entire feasibility of such a method of treating a phymosis is proven by the following case: which is also just one of those in which resort to the knife was to be avoided if possible, and yet would have been the only alternative had relief not been obtained by some other means.

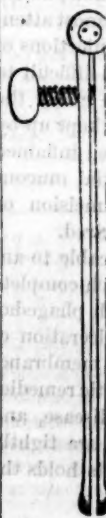
A soldier who happened to have a remarkably long prepuce presented himself at my sick call with the "ladies disease" as he quaintly expressed it. A very small chancreoid was just appearing on the dorsum of the glans; and an irregularly shaped very superficial abrasion was visible on the preputial membrane, just where the latter came in apposition with the sore on the glans in the ordinary state of the parts. I cauterized and made the usual application, directing that the prepuce should be kept retracted. Next morning paraphymosis had supervened, to a degree which rendered reduction difficult; the glans was red, swollen and painful, and the sores worse. Meanwhile the phymosis increased so that scarcely more than the meatus urinarius could be exposed; my endeavor to restrain the disease by injections was utterly futile; and while thus temporizing I felt assured, by several indications needless to detail, that extensive mischief was rapidly going on within; to effectually arrest which it would be necessary to get at the seres. Fully aware of the probable unpleasant consequences of cutting, and seeking some other *modus operandi*, the idea of overcoming the constriction by mechanical dilatation struck me as offering a reasonable hope of success. Acting upon the suggestion, I introduced within the constricting ring the closed points of an ordinary spring forceps. A few minutes manipulation produced a sensible enlargement of the stricture, encouraged by which I left the instrument in situ, where it was retained by the resiliency of the blades, which was also to be a continuous operative force. The patient was directed to occasionally employ a moderate degree of manual force, by pulling the blades apart, and to assiduously foment the parts with warm water. The pro-

cedure produced no pain nor other inconvenience. In three hours the glans could be half exposed; shortly afterward the whole glans popped out of its awkward hood, and the prepuce was fully retracted. The success of the experiment was as evident as the necessity for it. Two ulcers were disclosed: one on the dorsum of the glans as large as a dime piece, irregularly circular, excavated, covered with a tough gray slough, and rapidly extending, as the painful, deep livid, ragged edges testified; the other, on the prepuce just back of the corona, of the same general character as the first, but smaller, resembling a split pea in size and shape. These ulcers had been three days only in changing from the appearance they presented when first seen, as already detailed. A relapse of the phymosis was prevented by occasional recourse to the forceps; and the ulcers readily healed under appropriate treatment.

This case is interesting and instructive, since it proves that phymoses, like other strictures may be overcome by mechanical dilatation, and thus a resort to the knife—in many cases the only, though a most undesirable alternative—be rendered unnecessary. No doubt some cases, such as those arising from infiltration and induration of the prepuce, or perhaps where the fault lies with an inflamed and tumid glans, are not thus amenable; but perhaps the majority of ordinary phymoses, characterized essentially by the presence of a narrow constricting ring, may be successfully treated by this method. "There is nothing

new under the sun" and I suppose the method has been often employed; but I do not now call to mind any record of such a plan of treatment, which may be as new to many of the profession as it is to myself. It certainly deserves a fair trial.

Taking a hint from the forceps, I have devised a simple little instrument by which any desired degree of dilating force may be employed, and graduated to a nicety. It is merely a pair of callipers, about three inches long, probe pointed, the two blades flat, bevelled on their outer edges, and divaricating from each other by means of a screw placed near their hinge, running through one blade and abutting against the other.



**EPIDEMIC CEREBRO-SPINAL MENINGITIS  
COMPLICATED IN THE PUERPERAL  
FEMALE, BY PERITONITIS.**

BY CHARLES W. MUNN, M. D.

Senior Resident Physician at Philadelphia Hospital.

There have been treated, during the past six months, in the Philadelphia Hospital, over one hundred cases of a disease, named by those who seek scientific accuracy, epidemic cerebro-spinal meningitis; or known popularly as "spotted fever."

Without doubt there has been an epidemic of some disease, which presents many characteristics not belonging to the phenomena of other diseases; and has been attended by great fatality.

To this time thirty-two deaths have occurred from it. We shall not enter into the intricate discussion which its existence has engendered. We would simply submit the record of three fatal cases of this disease, which occurred in the white obstetric wards of the Philadelphia Hospital, with the pathological appearances.

There have been treated in these wards six cases of this disease during the past three months, four of which died—in three of these, peritonitis was found. Of the two cases, which recovered, one undoubtedly had peritonitis.

We have endeavored to record these cases honestly, fully appreciating the error and confusion which might be occasioned and propagated by a careless or aim subserving account of the thing observed.

Case 1. A young woman—21; Ireland; temperate; admitted November 2, 1866; Delivered, January 25, 1867. The labor was an exhausting one. She had complained of nothing, as far as could be ascertained except a pain in the frontal region.

January 26. The pulse was accelerated—120—soft and compressible; tongue coated; vomiting a bitter yellowish, green fluid; probably a mixture of bile and mucous, which is so constant a symptom in this disease, and which we shall designate bilious—for brevity; did not complain of tenderness over abdominal region; would sustain deep pressure.

January 27. Same symptoms continue; pain in the head well marked; shrinks from touch when the hand is about to be applied over the abdomen, but will sustain, without complaint quite firm pressure; said she had no pain in abdomen.

January 28. All the symptoms continue,

with the addition of greater sensibility over abdomen.

January 29. Very much prostrated; sensibility over abdomen very great; will admit no pressure; limbs drawn up; thin, sharp nose; pinched countenance.

January 30. Complaining of nausea, but no vomiting; pain in head is referred to temples; an erythematous blush on breast and abdomen. On the extremities, a fine, distinct, eruption, disappearing under pressure.

January 31. All the symptoms have continued; had a hemorrhage of 16 ounces from the uterus, which gave great relief to the pain; 10 P. M., delirium came on; excessive prostration; tympanitic abdomen; vomiting everything. Pulse 152.

February 1. Unconscious; countenance excessively pinched; respiration short and shallow. Died at 3 P. M.

Post mortem—18 hours after death.

Brain—large patches of lymph found along both sides of the superior longitudinal sinus and on superior surface of brain; no lymph at base of brain, or about spinal cord, could be detected.

Peritoneum contained 16 ounces of serum with lymph on intestines; lymph found on left ovary.

Uterus, 6 inches long;  $3\frac{1}{2}$  inches in width;  $2\frac{1}{2}$  in thickness, and covered with patches of lymph.

Case 2. A woman 23 years of age, born in Ireland; temperate; admitted January 22, 1867; delivered, February 15, 1867. From date of admission to delivery was, as far as could be ascertained, in good health. The labor was of 28 hours duration and very easy. Perfectly normal in every respect.

February 16. Doing well.

February 17. Skin dry; pulse 120; complains of pain in head, frontal; vomitings of bilious matter; no stiffness of muscles of neck; tongue slightly furred; no tenderness over abdomen.

February 18. Symptoms continue much the same; slight tenderness over abdomen, but not well marked; has the legs drawn up part of the time; lays mostly on back; complains of soreness of the gums and lips, the pulse is not so strong as yesterday.

Evening. Eruption making its appearance; distinct and disappears under pressure.

February 19. Eruption well marked; at the flexures of the joints and on breast and



abdomen is an erythematous blush, very much resembling that of scarlatina; disappears by rubbing your hand over it, but makes its appearance as soon as the pressure is removed; no marked heat of skin; the tongue has partially cleaned at edges; the papilla are very prominent; great redness of tongue and inside of mouth; does not complain of soreness of the throat, nor will she admit, on repeated questioning, any soreness of this part; tenderness over the abdomen, much more marked, but not sufficiently to indicate any extended peritonitis; the nose is slightly pinched; lays with legs drawn up; pulse 140 gaseous and has but little force; had some delirium during the night; got out on floor before observed by nurse; had to be restrained a number of times from rising.

February 20. Delirium active and intermittent; will respond intelligibly to questions during lucid intervals; subsultus tendinum well marked; passed a sleepless night although two grains of morphia had been given in divided doses; pulse 140, and somewhat wiry; anxious countenance; features pinched; no injection of the conjunctiva; pupils normal, responding to light; decubitus dorsal; legs drawn up; great sensibility to pressure over abdomen, respiration short and jerking; no albumen present in urine, which is passed in small quantities and deep colored; passes it voluntarily.

Five P. M. Delirium present of a low muttering character; features very much pinched and bluish; hands and feet livid and cold; pulse cannot be counted; very faint and rapid; could not answer questions coherently; pain over abdomen very acute on pressure. Respiration; gasping and shallow, very rapid. Died at 12 P. M.

Autopsy 15 hours after death. Lymphous deposits found on meninges of brain, as is found in all cases of this disease. Most marked deposits on the superior surface—but little at the base; a small quantity of serum, some flaky lymph floating in it; a slight deposit of lymph on intestines, ovaries and uterus.

Case 3. A woman 19 years of age, born in Ireland; temperate; admitted February 20, '67 in labor; she was a small woman with a very anemic countenance. The teeth were covered with sordes. When questioned she denied having been sick;\* said she had assisted

the day before in washing. I could not obtain from her any connected statement of her whereabouts, or her friends, nor did she give any account of her relatives or friends; nor did any come in to see her before death. There appeared a marked deficiency in the intellect. The labor was a difficult one, from the atonic condition of the womb. Everything was perfectly normal except the slight amount of force with which the womb contracted. The head came down upon the perineum after her being in the second stage of labor, about 14 hours; she had not sufficient force to deliver it, although it would bulge from the vulva when she had a contraction of the uterus and would assist the pain by bearing down. Under these circumstances she was delivered without difficulty, by the forceps. After delivery she was excessively prostrated and the pulse beat with intense rapidity. She vomited while she was on the bed in labor several times, but little attention was paid to it.

February 21. Complaints of pain in the head; conjunctivæ injected; has vomited during the night several times; rose from the bed and stood upon the floor in bare feet; was engaged in removing the bandage when discovered by nurse; pulse 120, and weak.

February 22. She annoyed the women in the wards during the night, by singing to her baby; when spoken to in the morning she denied having done so; has free lochial discharge.

February 28. Still complaining of pain in the head, and vomits almost continuously; has had no secretion of milk; has the same nocturnal delirium, which was noticed on the first two nights after delivery. The lochial discharge has been continually diminishing, and has ceased entirely; an eruption has made its appearance, which disappears under pressure. The nose is pinched; the limbs drawn up; pain on pressure. The vomiting has become obstinate; tongue dry and glazed; pulse 140; small and tense. This was the advent of the peritonitis. Before this day she had not complained of any pain, on pressure, over the abdomen; there had been no pinching of the features before. The right eye greatly injected and painful; these symptoms remained much the same until

March 10. The peritoneal tenderness has almost entirely disappeared. She can bear deep pressure without any apparent pain. Her chief complaints are about her right eye.

\*From a friend of hers who came in after her death, I ascertained that she had been in labor two days before admission, and had denied the fact of her being pregnant until the day of her admission, to the lady with whom she lived, as a servant. My informant was a servant girl in the same family, so the date of the advent of the disease is doubtful.



The inflammation in this organ has progressed very rapidly, and has apparently produced disorganization. Two blisters formed spontaneously upon the upper lid of the left eye and broke, causing two ulcers each  $\frac{1}{2}$  of an inch in diameter; during the afternoon began to complain of pain in parotid region; both glands were much swollen; diarrhoea set in to-day.

March 11. The parotid glands have become exceedingly painful; she complains bitterly of them; she retains nourishment much better; the diarrhoea has been checked by the administration of opium; the frontal pain is very much diminished in intensity. She still vomits, but appears not to throw up nourishment; vomits most when the stomach is empty, and a bilious fluid; all traces of an eruption have disappeared.

March 14. She is conscious when spoken to, but the hearing is not very acute; great difficulty is experienced in the administration of any nutriment or stimulant; bowels moved only once, during the past twenty-four hours; abdomen slightly tympanitic. Died at 11 P. M.; quietly; consciousness remained almost to the last; was in a stupid condition most of the day; ceased to complain of pain in any part.

*Post Mortem*, 3 P. M., March 15, 1867, 16 hours after death. The posterior portion of the body very much congested; all traces of eruption had disappeared; the back of the neck, which had been blistered, beginning to sphacelate.

Parotid Glands; enlarged and broken down; the right had begun to undergo suppuration.

Brain—marked congestion of all the cerebral vessels. The dura mater adherent to the superior convolutions; about half an ounce of serum in right middle fossa of skull; marked adhesions of the dura mater to the cerebral substance at the base of the brain. These adhesions were well organized, and had to be separated by the scalpel. The fissure of Sylvius was obliterated by adhesions; as was that portion of the longitudinal fissure, between the anterior lobes; but little lymph around the optic commissure; no pathological change noticed in lungs.

Abdomen—peritoneal cavity occupied by half gallon of yellowish serum, simulating a mixture of pus and serum, which was its true composition; not at all offensive. The coils of intestines were strongly glued together, by adhesions; intestines discolored; the liver was covered with adhesions.

Uterus—the posterior surface of this organ discolored; no lymph found upon it, or upon either ovary. This organ was three inches in length, and  $2\frac{1}{2}$  in breadth, showing involution to have gone on properly. When the uterus was cut into, the dark livid color, which existed upon its posterior surface, was found to extend in depth only 1-16 of an inch. The walls were firm. The internal cavity rugous, pale colored, and occupied by a small blood clot. There was no appearance of any inflammatory process having existed in any of the sexual organs.

We would call attention to the similarity of case one and two, as regards eruption, the long continuance of the third case, notwithstanding such profound changes having taken place.

#### CHLOROFORM AND ERGOT IN TEDIOUS LABORS.

*Reply to the Strictures of Dr. Chas. C. Hildreth, on part of an Obstetric Report made to the Ohio State Medical Society, June, 1866.*

BY THAD A. REAMY, M. D.  
of Zanesville, Ohio.

In this reply, I shall avoid so far as possible acrimony or personal allusion as being beneath the dignity of a professional discussion. I may however find it necessary to treat the alkali, which has found its way from Dr. H's pen into his paper with a sufficient amount of acid to render it a *neutral salt*.

I have no desire for controversy or dispute, for the mere sake of discussion, especially would I not desire such dispute with Dr. HILDRETH, a gentleman with whom I have the honor and pleasure to be on the most agreeable, social and professional terms. I cannot however refrain from an answer to his unmerciful attack, upon my brief Report.

In that Report, I candidly pointed out some of what I thought, and still think the fallacies of Dr. HILDRETH's plan of practice. The Dr. accuses me with taking the unwarrantable liberty of changing the title of his paper, to "conform to the points of criticism." I did not claim to quote the title of the paper.

In my Report, my subjects were indicated as nearly as might be by *headings*. I clearly followed this rule, in saying that the Dr's. paper was on "rupture of the membranes, artificial dilatation of the os and the use of ergot and chloroform as a means of shortening tedious labor." I respectfully refer to the Dr's.

article, for proof that the above heading correctly represents it. To indicate the important points of the paper was my object. The influence of chloroform, relieving pain, and of ergot increasing uterine contractions have been so fully written about in books and journals all over the civilized world; and the views held as to the therapeutic action of these drugs, especially in this regard, not differing materially from those set forth by Dr. HILDRETH, I could not regard these as important points. Early rupture of the membranes and mechanical dilatation, are the novel and important doctrines advocated; and the careful student cannot fail to see upon analysis, that chloroform and ergot, although named as the title of the Doctor's paper, are clearly secondary in importance, their aid really invoked to protect the patients against the evils of the *mechanic-practice*.

My object was therefore to get "harmony with the points of the paper," not "with the points of the criticism."

I must be pardoned for quoting largely from the Doctor's strictures, as I cannot otherwise be understood.

Page 21, No. 2, Vol. XVI., MEDICAL AND SURGICAL REPORTER, he says, "as to the early rupture of the membranes, Dr. REAMY admits it would be well to adopt the practice in certain cases where over distention really existed as in cases where the uterine walls were thin and weak from the presence of several children, &c.," "but," says Dr. R., "Doctor H. makes no such distinction; he advises rupture of the membranes simply because there is an undilatable os, accompanied by too feeble or painful contractions;" "now" says Dr. HILDRETH, "to show the fairness of the criticism, and the anxiety of Dr. REAMY to exclude the influence of chloroform in the treatment proposed, I have only to state that up to the time the sentence was written, from which the Doctor quotes, I had not even mentioned the subject of rupturing membranes." Now I wish to answer once for all, the general charge of misquoting as it is gravely made and sought to be sustained by several specifications. Reference to my report will show that I quote Dr. HILDRETH's exact words verbatim, not leaving out a letter much less a word or sentence, from the commencement to the end of the quotation, not even substituting "finger for fingers." Again, but one quotation after the first and principal one is made at all, and that

is also verbatim as in the text. Again, what Dr. H. has to say about chloroform, is fully stated in the quotations.

The charge therefore that I keep "chloroform in the back ground," or that I attempt to conceal any of the doctrines of the paper, falls to the ground, as an attempt at special pleading. The Doctor must not confound my analysis of the doctrines of his paper, with my quotations from it; he must not object that in the analysis, I reverse the order of his sentences, define one of them by another, show that they contradict each other, &c. He says that chloroform acts like a charm; "under its influence labor progresses rapidly, &c.," and yet he tell us, "it has been my practice in lingering labor to administer chloroform, rupture the membranes and discharge the waters freely."

Now instead of trying to conceal the fact that the Doctor gives chloroform in these cases; my objections are, that he ruptures the membranes and discharges the waters, to accomplish what could be accomplished by the chloroform alone. The Doctor thinks my "sarcastic allusion to the grand results," "wont convince intelligent practitioners that he has not correctly stated the effects of chloroform." Now it so happens that I have not denied the effects of chloroform when given to full anesthesia as being substantially what Dr. H. claims. My objections are to the mechanical means proposed for the accomplishment of what the chloroform could so nicely perform unaided.

Dr. HILDRETH further says "the inefficient but excessively painful contractions which so annoy and exhaust women in a tedious labor, with rigid os uteri are more effectually controlled by chloroform and early discharge of the water than by any other practice."

Now I can see the use of chloroform in such cases, but unless there be "over distention" can not see why the membranes are to be ruptured. If the pains are inefficient, ergot is the remedy which the Doctor has found so successful.

Again, Dr. HILDRETH says "Dr. R. quotes again as follows" "In lingering labor from any cause, I am well convinced the rate of mortality to mother and child will be much diminished by the use of chloroform; early rupture of the membranes, artificial dilatation of the os when requisite, and by the use of ergot or other uterine stimulants when the pains are inefficient," "no distinction says the Doctor, (that is Dr. R.) is made here between the lin-

gering in the first and second stage," "certainly not" says Dr. H. simply because no distinction is required. The practice is recommended for rigid os uteri in the first stage, or that of dilatation," "most medical men would think the practitioner an ignoramus &c."

This shows that I did not misunderstand the Doctor that, although he had not made the distinction in so many words, he intended nevertheless to recommend the practice for the first stage of labor. I was "such an ignoramus" as to suppose that if the practice was to be employed in treating "lingering labor from any cause," it ought, possibly, be employed in some cases after the first stage had passed. And I have no doubt it would be far better for many patients were it so employed.

Next, Dr. Hildreth denies that but little danger attends a tedious first stage; and he grows eloquent in depicting the dreadful ravages of pain. He quotes from my report, "It is conceded by all good authors that but little danger to mother or child attends a tedious first stage." This opinion the Doctor denounces, and supposes a case where the woman has been in hard labor for a week and no progress made in dilatation, and seriously states that, according to Dr. R., "as no danger to mother or child is to be feared, it would be meddlesome to interfere, &c." Now the Doctor, perhaps, knows that in the remark, that but little danger attends a tedious first stage, I have no reference to such a case as he depicts. I have not had my fingers in "some thousands of os uteri" as has the Doctor; but, I have attended nearly thirteen hundred cases of labor, and have yet to witness the first case where a woman has been in hard labor even for two days without progress in dilatation; and, should I live to witness ten thousand cases, I do not expect to find such an one, unless there should be a diseased condition of the os, demanding surgical relief, in which case I would afford that relief at once. In a case of obstinately rigid os, I would most certainly, both for the relief of the mother as well as my own release from watching, use the appropriate remedies, very prominent among which I regard chloroform, but would certainly not think of rupturing the membranes, or artificial dilatation, in the first stage.

I confess that I cannot comprehend what Dr. H. means when he says "The doctrine that but little danger to mother or child attends a tedious first stage, is untenable a

not sanctioned by good authors except in cases of natural labor." The Doctor denies that labor is natural if the first stage is tedious. I cannot, therefore, see the propriety of his making the exception of natural labors, as they are, according to his own definition, not under consideration. Again, in answer to my objection that the early rupture of the membranes and discharge of the waters would endanger the child, not only by causing direct uterine pressure to be made upon it, but by continuing that pressure during the first and second stages both, Dr. HILDRETH says: "The Doctor's objection would amount to something if the pressure he so much fears was continuous, as that induced by a large dose of ergot.\* But the pains of natural labor are intermittent and not continuous, and besides are so completely under the control of chloroform, that if desired, they can for a time be entirely suspended." Now, I would be glad to know what right Dr. H. has to be talking about the pains of natural labor, and pleading the harmlessness of such pains to the child, when on page 23, No. 2 of the REPORTER he says: "I have distinctly stated that in natural labor I would advise no interference."

In one paragraph the Doctor talks of a natural labor, in the next an, unnatural one. It seems to me he would be charitable at least if he would render his words and positions less ambiguous, before he charges me with "an attempt to pervert his meaning." Here again the Doctor makes complaint that I did not give him the benefit of the chloroform as a protection against excessive uterine action. He says I am "not inclined to treat him fairly." I cannot agree with his conclusions, but do by no means wish to misrepresent him. The best and most modern obstetricians agree that chloroform does not materially allay uterine contractions, unless full anæsthesia be induced, in which case, labor will be practically suspended for a time. But the Doctor would give ergot to call the contraction up again. I have only to say, such opposite and contradictory practice would, it seems to me, cause the uterus to be at a loss what to do. Chloroform to cause it not to contract (when contraction is nature's plan of dilating) ergot to make it contract as soon as it has obeyed the first order; and rupture of the membrane

\* I do not believe that ergot can be given in such doses as to excite natural contraction. There may seem to be relaxation and intermission between pains caused by it, even when given in small doses, but the hand upon the uterus will reveal that the contraction is continuous.



to execute the demand. The practice is antagonistic. A remedy for a condition caused by other remedies! Now because I cannot subscribe to all this, I am accused with unfairness. I think the Doctor clearly here begs the question.

Again, my objections to the practice in cases requiring turning are answered by calling to aid chloroform, whose magic power is sought, it seems to me, for protection against all the evils attending every vice of practice—and the doctor would add in certain cases his favorite position, the patient on the breast and knees, which by the way is not new. And it is quite amusing to note that he expects by this position to obviate the escape of the waters, when the escape of the waters is one of the principal objects sought by the rupture of membranes. It will be noted also, the Doctor advises not only that the patient be on the knees and breast, but in his paper, in the *American Journal of Medical Sciences*, when giving specific directions how to proceed in the matter, he directs that the patient elevate her hips. Now I shall be glad to hear the Doctor explain how a woman is to elevate her hips, when she is under full anesthesia? Or how hold them up, even were they elevated, before chloroform is given. I should be pleased also, to have the Doctor's plan of giving chloroform with the patient lying on the breast, face and knees.

The Doctor's answer to my objection that his proposed practice would endanger the child in a case of prolapsed funis, needs no refutation, and I pass it.

Next is the complaint that I quote him as recommending the dilatation to be done with the "finger," whereas he used the plural "fingers".

An examination of my paper will show, as I have already intimated, that in the text I used the plural "fingers", that finger occurs in the analysis. Moreover I stated to the Doctor in November last, when he read before the Muskingum County Medical Society, his criticism upon my Report, that that omission even in this way, was unintentional, either an oversight of my own, or of the compositor. And although several months elapsed, and his paper was revised before sending it for publication in the *REPORTER*; he makes no mention whatever of this denial on my part, or of any explanation, but almost directly charges me with dishonesty. As to the fair-

ness of the Doctor's course in this matter, I am perfectly willing he shall be his own judge.

But let us examine and see after all, what difference will be found in the dilating effect of one as compared to two or more fingers. The doctor thinks the difference "material." I claim that it amounts to nothing. How many fingers can be introduced into an undilated os at one time? Would not one be used until there was opening enough to admit more at least? Would not the hand have to be partially at least introduced into the vagina, if more than one finger be employed, thus increasing the pain and difficulty of the operation? If the "circular sweep" be decided upon, can the Doctor tell the difference between the effect of one and two fingers? If the antagonistic influence of two be decided upon, will not the muscular fibers touched by the fingers be stretched, and thus far favor dilatation, but will not those at opposite points of the circle be thereby called into veritable action, and thus defeat so far as possible the end sought to be attained?

The Doctor may if he chooses, answer all these inquiries. I am convinced that any argument to establish a "material" difference in the effects of one or more fingers, can amount to nothing more nor less than sophistry—physiologically or mechanically considered, no difference exists. And I think the profession will sustain me in asserting that, at least seven-tenths of all practitioners who dilate thus, do it with one finger.

Dr. HILDRETH lays great stress upon the efficiency of the occiput as a dilator. Will he be so kind as to inform me wherein it is better than the bag of membranes? Will not the conical bag, bearing equably upon every fibre of the circle, gently insinuating itself without irritation, be more efficient than the hard occiput which must necessarily impinge unequally upon different portions of the ring? And whilst it overcomes the resistance of some of the fibres, must increase that of others, causing apastic action, increasing pain, but retarding dilatation? Not only is this true, but the occiput, under such circumstances, frequently compresses the cervix against the hard walls of the bony outlet, inflicting dangerous injury to the tender structures involved. His difficulty grows out of the unyielding character of the aggressive force, as well as because the head will not curve to sweep the direction of the outlet, whilst the body of the

child still keeps the line of the upper strait. Again, much is to be lost as to dilating the perineum. Recent researches shows that this organ possesses contractive and dilating force, of a character, not unlike that of the uterus. It is well known that its unyielding resistance often retards labor more than an unyielding os, especially in primiparous cases, indeed, an unyielding os and an unyielding perineum are often concomitants. By allowing the bag of waters to remain, it presses upon the perineum, frequently for a considerable time before the os is fully dilated, making soft and equable pressure, so that by the time the os is sufficiently dilated to permit the occiput to press upon the perineum this latter has been pretty well relaxed. I regard this as a decided advantage, and one of the strongest points against destroying the bag of membranes.

The Doctor's complaint that I have not a word to say about the influence of chloroform over the practice which I condemn, is not well taken. I am granting all the time the good influence of chloroform; but that good influence can be far more available when the proper practice is adopted than when compromised by such improper practice.

The Doctor states that I have wasted ammunition by quoting HODGE, CAZEUX, CHURCHILL, TYLER SMITH, &c., against his practice, since he concedes that they are against him. But he seeks to explain why they are against him. He says "the authors quoted with so much satisfaction by the Doctor, no doubt refer to general principles, and natural labors. But what have these learned gentlemen to say about rupturing the membranes and artificial dilatation, when required in cases of rigid os uteri, with the patient thoroughly under chloroform? Probably not a word." Exactly so, these gentlemen are speaking of general and special principles also. But why, I ask have these "learned gentlemen" not advised the practice? Are they ignorant of the influence of chloroform, the "Hamlet" of this play? What presumption to talk of these authors not commending the practice because they did not happen to think of the power of chloroform to rescue the unfortunate patient from its dangers.

Next comes a list of questions propounded to these learned obstetric authors. 1st, Can not the os uteri and all other circular muscular fibers be much more safely easily, and quickly dilated with the patient fully under

the influence of chloroform than without it? 2nd, Can not this too be done with much less risk of rupture of mucous membranes, or muscular fibre with the chloroform than without it? Of course I am expected to answer not for these authors, but for myself. I answer both questions at once, yes. If the os is to be forcibly dilated by extraneous means which in themselves ignore and totally disregard the anatomical structure and physiological principles upon which that organ is designed by nature to be dilated, I know of no remedy to be more efficient than chloroform, in relieving the pain and guarding against such injuries to the parts named, and relaxing said fibres for said dilatation. But the very power which chloroform has over muscular fibre in relaxing it when the patient is fully under anæsthesia destroys the means by which said dilatation is naturally accomplished. Dr. H. himself, has stated that chloroform will so completely suspend uterine contractions as to render the exhibition of ergot necessary. Every physiologist knows that the circular fibres of the os are dilated largely by contractions of the circular and longitudinal fibres of the body of the uterus. When these contract in all directions upon the contents of the uterus dilatation of the os, is a mechanical as well as a physiological result that must follow. For be it remembered, the organ is concave from any aspect internally and longitudinal fibres like a net work cross the circular ones, and extend to the very margin of the os; contractions must therefore dilate. From these considerations it is not difficult to see how dilatation of the os with the "fingers" and occiput would reverse the natural order of the phenomenon of labor, and cause the part of the womb to be dilated, when the body was not sufficiently contracted. The evils of this state of affairs I have not time here to point out; they readily suggest themselves.

Next, the Doctor inquires, "Is it not in accordance with physiological law, that all hollow muscular organs or tissues contract but feebly when distended to their full capacity? (take, for instance, the bladder, uterus, colon rectum, the sphincter muscles, &c.?) We would further ask: "Is not the removal of part of the contents of any distended organ usually followed by increased muscular power in that organ? Is not such removal a very valuable stimulus to increased muscular effort?"

To each of these questions I answer negatively. When do the muscles of the bladder

or rectum contract with most energy? When these organs are full or empty? Why the pressing demand to empty a full bladder or rectum? Does not every man who has a bladder and rectum know that these organs being distended to their full capacity, the muscles contract and the sphincters relax under the stimulus of that fullness, for an evacuation? No law in philosophy is plainer than this; and, in the present state of our knowledge, there is no proof that the uterus is not under the same rule. Indeed, I have seen no argument that shakes my confidence in the truth of the theory that the cause of labor is that the growing contents of the womb expand that viscus to its capacity of increase, and that infringement upon its walls cause contractions, or labor. One other fact may be noted here with profit. We do not have in health contraction of the rectum and bladder, that is expulsive contraction, until the organ is filled; but in disease, dysentery for example, when there is a false stimulant at work, we have painful contraction, and it is now well settled that that pain is caused by the organ contracting upon nothing comparatively, as well as by the inflamed condition of the tissues. Apply these principles to the evacuation of the water in the early stages of labor, and they react with double force.

I admit, the muscles of an over distended bladder rectum, or womb will lose contractile power, and if the distension be long continued and very great, partial or total paralysis may occur. But no such condition is under discussion. The Doctor's examples of illustration do not contemplate such degree of distention, and he does not, as before stated, confine his practice to cases of over distended wombs. He employs the practice in "lingering labors." And I may here as well as elsewhere give what Dr. HILDRETH regards as a lingering, and therefore an unnatural labor, for this is the grand key to our discussion. At a meeting of the Muskingum County Medical Society held in April, 1865, Dr. HILDRETH's paper on this subject being under discussion before he sent it to the American Journal of Medical Science, Dr. HOLSTON inquired what length of time constituted so far as time is concerned, a natural labor. Dr. HILDRETH answered four hours. Now I will not be unfair, and claim what Dr. H. meant that four hours must be the maximum of a natural labor. I give the question and his answer. The most liberal construction that can

be given him, holds him to a time very much shorter than regarded as the maximum by other authors, and gives an idea of how many cases of labor, especially with primiparous women, can in his hands escape "the practice" on the ground that they are natural with interpretations made by the Doctor himself. We do not charge too much in saying he employs and recommends the practice simply to hasten the process of natural labors, as well as to rescue patients from the sufferings of unnatural ones. I make this statement with all due deference, even in the face of the Doctor's denial in his last article.

Dr. H. says "a rigid os is usually in a pathological condition, generally the result of previous inflammation, ulceration, leucorrhœa, abortion, &c." Now the converse is true. Every obstetrician knows that a very large majority of cases of rigid os and perineum are found in primiparous women, who have never had inflammation, ulceration, or abortions. I therefore reiterate the charge. The practice will most generally be employed in first confinements, which only need a little time; and when so employed, makes labor a pathological affair.

But to my objection, that such interference renders the parts manipulated subject to inflammation, ulceration, &c., Dr. H. answers by inquiring "what I have to say of MARION SIMS' practice of amputating the entire cervix for procidentia, or cutting the entire length of the cervix for dysmenorrhœa or sterility? What to say of BAKER BROWN's practice of incising the cervix for fibroid tumor and menorrhagia? What have I to say to the use of caustics, of sponges and sea-tangle tents, retaining foul secretions and producing infecting ulcers? \* \* \* \* \*

What to cutting the cervix with a knife, during labor, in cases of cartilaginous hardness and rigidity, when all other means fail to dilate? As all these gentle measures have been advised, in certain cases, by the highest obstetrical authorities, I would enquire how they compare in point of mildness and safety with the well lubricated fingers carefully applied to a rigid os uteri?"

I have this to say. With the highest admiration for the ingenuity, learning and industry of my countryman, Dr. MARION SIMS, who has won a world-wide reputation, I nevertheless, most heartily condemn the extreme surgical extravagancies into which he has fal-



len in his practice and teaching with reference to uterine pathology. So far is this true, that I fear his brilliant achievements in some of the most difficult cases will be eclipsed by his surgical harshness in the management of others clearly belonging to milder remedial influences. And the same may be truthfully said of BAKER BROWN's practice. But waiving all this, and admitting that the womb and its appendages will, in many instances, bear severe surgical treatment when employed for surgical diseases, are we therefore to feel warranted in submitting any poor woman's womb which happens to be a little tardy in the completion of its high office of sending a human being into the world, one of its grandest physiological functions, to the tortures of surgical treatment, under cover of the fact that the "well lubricated fingers" are mild surgical instruments and can do but little harm?

I confess that I grow impatient in such discussions. Every close observer must have noticed the growing prevalence of uterine inflammation and displacements within the past few years. Such has been my observation at least, in this city and vicinity. Much of this depends, no doubt, upon attempts at criminal abortion with married women, but I do not hesitate to state that much of it also is due to unwarrantable and needless obstetric manipulation. I leave the pale and haggard countenances and emaciated forms of these victims to pronounce against the practice in words of condemnation far more eloquent than any I can utter.

But Dr. H. claims that I do not practice what I preach, says that in the first case named in my report, (a case of abortion,) I dilated the os with the finger, &c. Reference to my Report, (page 8) will show that the os was dilated nearly the size of a silver quarter, when the examination was made, and the uterus was not contracting, and the os was not rigid or undilatable. The fetus had been dead seven weeks, an offensive discharge was issuing from the vagina, the os was thin and flaccid moreover, so that no force was used, and what dilatation was practised was more in reaching the presenting dead fetus to assist in removing it, than otherwise. No bag of membrane existed to act as a dilator. The vaginal passage and perineum had not to be prepared for the passage of a full developed child, and for which they would need time, &c. As there is no parallel in the case, this can avail the Dr. nothing.

Dr. H. states that he is not surprised at my failing to succeed with his plan of practice, when he considers my favorite plan of giving chloroform by the stomach. I stated that I had tried his plan, and I always mean what I say; and I may now add that I have tried his plan in several cases since my report was written, and shall forever abstain from it hereafter, so very unsatisfactory have been the results.

The Doctor's sweeping denunciations against opium, chloroform by the stomach, bleeding, &c., need but a passing notice. I would only bleed in cases indicating and demanding it. We agree therefore as to this measure. I would only employ opium under similar rules, allowing the accumulated experience of obstetricians all over the civilized world to define its power and influence; so that is ended. Next, as to chloroform by the stomach, I am pleased to note that the Doctor is progressing in the right direction. In his article in *American Journal Medical Science*, (page 363) when speaking of the recommendation of a medical friend to give chloroform by the stomach for relaxation of rigid os, he says, "From the few cases in which I have tested this practice, I have formed the opinion that the relaxing power of the remedy will be measured by the degree of intoxication produced." In the article in the *REPORTER*, (page 25) he says "that chloroform, when taken into the stomach, or injected into the rectum or under the skin, will have some anæsthetic or relaxing effect, I have no doubt." I am glad to note the change in the Doctor's views. I am surprised, however, that he should still be so sparing as to the power of chloroform when given by the stomach. Has he not read the numerous cases reported where complete anæsthesia has been induced by the medicine exhibited by the stomach? Does he not know that chloroform is a sedative to the brain and nervous centres, and that it generally induces these effects by entering the circulation? Its action is much more rapid when inhaled, for the simple reason that it is here received in form of vapor, and applied to a very much greater surface, and then, as held by FAURE of Paris, an immediate influence upon the blood in the pulmonary capillaries, and temporary pulmonary paralysis, may also account partly for the more speedy effect of the remedy when thus administered. Now the slowness with which the medicine will be absorbed from the stomach, constitutes one of the elements of safety in

giving it in that way. Indeed, some authors think that it is not absorbed at all until vaporized in the stomach. As to the danger of inflammation, &c., of which the Doctor speaks, no such fears need be entertained if it is well-mixed with milk, or some other proper menstruum, and given in properly selected cases. As to the comparative danger of the two modes, at least, two well-authenticated cases, according to Professor WOOD, of death from inhalation of not over thirty drops, are on record. In no instance has death occurred so speedily, or from even double the quantity, when given by the stomach. But these are not the only reasons why I prefer this mode of administration, for relief of rigid os, and scanty uterine, and vaginal secretion, and unyielding perineum. My preference is also because I have tested it in more than two hundred cases of this kind, and have seldom had it fail. In cases where the pains are irritable, os rigid, perineum unyielding and secretions scanty, half a drachm of chloroform given by the stomach, mixed with milk, and repeated every thirty to fifty minutes if necessary, will generally remove all the difficulties, and in a very large proportion of the cases, the second dose need not be given. From this quantity, thus administered, anæsthesia seldom arises, and the uterine contractions and action of abdominal muscles are not interfered with therefore, (which is very important.) When full etherization, as advocated by Dr. HILDBRETH, is induced, the reflex or excito-motor power of the spinal marrow is crippled, or wholly abolished, and the important aid of the abdominal muscles is therefore lost, and the contractions of the uterus much interfered with. But it may be urged that, as I have said, chloroform may produce the same effects when given by the stomach as by inhalation; I am, therefore, inconsistent in advocating the former method of administration. I reply: The same quantity will not produce the same effect; more relaxation of the parts needed to be relaxed; greater increase of secretion, and less unconsciousness when given by the stomach, from the reasons already hinted at, the chief one perhaps being the slowness with which the medicine enters the circulation.

Let it not be considered from anything I have said that I am opposed to the use of chloroform even by inhalation, in many cases. For relief of pain during the last throes, and during severe obstetric manipulations I prefer

it by inhalation, and generally so employ it.

But I must dismiss this part of the subject and not further trespass upon space.

The Doctor ridicules my advice as to separations of the membranes, and adds that it should not be done unless some adhesion exists. In this advice I heartily concur. The length which this paper has already attained renders it imperative that I soon close, otherwise, I feel that the columns of the REPORTER will be trespassed upon. A full discussion, therefore, of this question of the membranes cannot now be indulged in. At a future time, however, by permission of the editor, I hope to contribute a paper upon this subject. Suffice it now to say, whether Dr. HILDBRETH's opinion that his "practice will be adopted by better men, when the parties to this contest are dead and forgotten," be true or false, one thing he can rely upon—he will live to change his views as to the anatomical reasons why there cannot be adherence between the membranes and uterus. If the Doctor will refresh himself upon the anatomy and physiology of the subject, he will find the question is, when, at what stage of gestation, does separation usually take place? He will also observe, if he will take the trouble, that in nearly, if not in all cases of *dry labor*, separation has not occurred, and that rigidity of the os is frequently found in these cases of dry labor. And he will further find in practice, that artificial separation of the membranes in such cases will very much aid in dilatation and flow of the proper secretions. Such, briefly, have been the observations of some of the best obstetricians of Europe, and also of the humble author of this paper. I will be pardoned for alluding here to the Doctor's criticism upon my styling his process of dilating, a drilling process. I have no change to make in the words of my objection. He has criticised me as though I had used the noun *drill*. I used, as can be seen by reference to my report, the verb *drilling*. If the Doctor will brighten up a little on his grammar and definitions, he can see his error. The fingers can be the *drill* just as literally in the process of *drilling*, as could an instrument of iron.

[The above reply would have been made more than a month ago, had not ill-health, which finally culminated in severe and painful sickness, rendered me wholly unable to write.—T. A. R.]

## Medical Societies.

### PHILADELPHIA COUNTY MEDICAL SOCIETY.

Wednesday Evening, March 20th, 1867.

Dr. NEBINGER, President, in the chair.

The minutes of the last meeting were read. After the transaction of some general business the subject for discussion for the evening came up, the consideration of which had been postponed from the last meeting.

The resolution before the society for action was the substitute for Dr. HARTSHORNE'S amendment, to the resolution attached to the report of the committee, offered by Dr. CONDIE, and accepted by Dr. HARTSHORNE, and amended by Dr. MAYBERRY, viz.

"Nothing in the foregoing resolution shall be construed to forbid any member of this society from consulting with any female practitioner, who shall be declared by the American Medical Association, regularly educated, and who shall give sufficient evidence of strict adherence on her part to the code of ethics."

Dr. ATLEE, desired to offer a substitute for the resolution of the committee, and the proposed amendment. His reason for doing so was that in his view, the report and the resolution appended to it were entirely opposite in spirit. The resolution which was sent to us by the state society appears to have been entirely unnoticed. It forwarded a special resolution for us to act upon and report that action to the society. This the committee seems to have ignored. The report of the committee met his approbation, and if the resolution of Dr. MOWRY, had been appended to it it would have been in accordance with its spirit. The resolution as modified by Dr. CONDIE, placed the female college in a very peculiar position, in such a position as no other in this county is placed. The American Medical Association in the first place is not by the code of ethics, the arbitrator of these matters. Then again, how is this college to get before the American Medical Association, when it is condemned here and by the State Society. They will never receive a delegate there so long as condemned here. He then read the following preamble and resolution.

Whereas, the code of Ethics, of the Philadelphia County Medical society, in Article 4th, section 1st, in specifying the qualifications of physicians in regard to consultations, says that "a regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right, of an individual, to the exercise and honors of his profession." and

Whereas, The Female Medical College, of Pennsylvania, in their regulations for graduation requires their candidates to have been engaged in the study of medicine three years, and to have attended two courses of

lectures, on *Chemistry and Toxicology, Anatomy and Histology, Materia Medica, and general Therapeutics, Physiology and Hygiene, Principles and Practice of Medicine, Principles and Practice of Surgery, Obstetrics and Diseases of Women and Children, and two courses of instruction in Practical Anatomy, with clinical instruction, in the Woman's Hospital; the acknowledged condition of "a regular medical education," And*

Whereas, The Female Medical College of Pennsylvania, does not differ, excepting in sex, in its essential features from the regular medical schools of the United States, therefore,

Resolved, That the graduates of the Female Medical College of Pennsylvania, are entitled to the same professional courtesy, as graduates of other institutions.

Resolved, That the resolution offered by Dr. MOWRY, at the last meeting of the state society, and referred to the several county societies, be adopted as the sentiment of this society.

Dr. BUTLER seconded the motion. As far as he understood the discussion, it seemed to him our proper position, is to be liberal, as liberal as our profession will allow. We ought not to require anything more of women than we do of men. The great fact to be dealt with is, that there are women practitioners of medicine, and it is not right that they should be persecuted, because of their sex. He did not admit the necessity or propriety of their practicing medicine, but some of them will do it, and as there is no power that can prevent them, it is to the interest of the public, and the profession that they be competent, and their education and standing such that they may be consulted with. He would be very sorry to see a daughter of his become a woman doctor. But women are crowding into all kinds of employment, and as they cannot be prevented from entering the medical profession if they choose to do so, they should not be placed under disabilities, not imposed upon men. He did not know of any objection to the present professors of the Female Medical College of Pennsylvania, further than that they may not be first class men.

Dr. STETLER, said in order to satisfy gentlemen, in regard to the regularity of the physicians connected with the Pennsylvania Female Medical College, he begged leave for the Secretary, to read the following circular, of one of the professors of that institution.

"Dr. M. G. KERR'S, Compound Asiatic Balm. This remedy I compounded, in 1849, when the cholera was very prevalent, and used it with a success that was new, and without failure! and since then, I have continued to prescribe it in the allied diseases of cholera-morbus, diarrhoea, dysentery, cramps, &c, with a uniformity of success that hardly admits of a single exception. Many philanthropic persons used to buy and distribute it, among the poor, and assert that they never knew it to fail, in curing either the premonitory disease, or the cholera. Everybody who has ever used it, recommends it. It possesses remedial virtues, such as I positively as-



sert, are possessed by no other medicine ever offered, and it cures rapidly, and safely as well as certainly. Taken according to the directions which accompany each bottle, it never fails to check, diarrhoea in from ten minutes to an hour, and abate, and remove all other symptoms of cholera. In cholera morbus, diarrhoea, dysentery, cramps, colic, summer complaint, &c, it acts more like a charm, than as an ordinary medicine. No person need be alarmed at the cholera, who has a bottle of Compound Asiatic Balsam on hand. Use it immediately on the first indication of any of the above disorders. It is pleasant, quick in action and unfailing.

Prepared only and sold wholesale and retail, by  
Dr. M. G. KERR, physician and chemist,  
No. 895, N. Fifteenth St. Phila.

P. S. Dr. KERR, may be consulted in English or German, on all diseases, incident to both sexes, at his private office."

And this man is at present connected with the female medical college. None of the regular practitioners in the northern part of the city would consult with him.

Dr. BUTLER said that circular satisfied him. If the female medical college tolerate such men, they must, of course, suffer the consequences.

On motion, the substitute to the resolution, of the committee, and the amendment of Dr. HARTSHORNE, offered by Dr. ATLEE, was laid on the table.

Dr. BELL, said that the only argument he had heard in favour of admitting the female college to full standing, and the professors and alumni to consultation, is that the college has made some progress and will probably make more. He did not see the propriety of encouraging that which we believe to be wrong, because it has made some headway. He then read the following remarks.

Looking to the usefulness and dignity of the profession, which are inseparably connected with the welfare of the community, we are not without very grave objections to women taking on themselves the heavy duties and responsibilities, of the practice of medicine. Their success in the walks of general literature, and even in some instances of science, which allow them a choice of time and season for intellectual labor, cannot be adduced as arguments in favor of their ability to bear up under the bodily and mental strain to which they would be unceasingly subjected in this new vocation. The physiological peculiarities of woman even in single life, and the disorders, consequent on them, cannot fail frequently to interfere with the regular discharge of her duties as physician in constant attendance on the sick. How much greater must be the interruption to her duties if she enters the married state, and becomes a mother and nurse. The delicate organization and predominance of the nervous system render her peculiarly susceptible to suffer if not to sink under the fatigue, and the mental shocks which she must en-

counter in her professional round. Man, with his robust frame, and trained self-command, is often barely equal to the task. The home influence of woman, is one of the greatest benefits growing out of christian civilization. More especially is this manifest when we look at her, as the head of the household a help-mate to her husband, and the confidante, guide, instructor and loving friend of her children, whose future happiness and respectability, so much depend on her tuition and example. What would be the state of the household, what the present condition and future prospects of the children, deprived to a considerable extent of their natural guardian, who would be engaged all day and not secure against calls in the night, in the service of the sick? Nor when at home, can the mother, worried and fretted and anxious about her patients give healthy milk to her infant, or be in a fit frame of mind to interchange endearments with her beloved little ones, to receive their confidences and offer advice.

Once embarked in the practice of medicine, a female physician will not long confine herself to attendance on persons of her own sex, Curiosity, caprice, the novelty of the thing, would induce some men to ask the professional advice of a woman doctor. It is sufficient to allude merely to the embarrassments which would be encountered on both sides, in her visiting and prescribing for persons of the opposite sex. If her services be restricted to the female portion of the family, then must there be a male physician to attend on the males, and thus there will be constantly two physicians in the regular service of a family, with all the chances of counter prescriptions and advice and breach of ethics, misunderstanding and heartburnings, by each one passing the lines of the other. If a female physician be once received in full standing and professional intercourse by consultation or at other times with a physician of our sex, be allowed, the greatest latitude will be taken and given in the statement of the case of disease, whatever it may be, its symptoms and causes, and questions of treatment therapeutical and psychical. Will woman gain by ceasing to blush while discussing, every topic as it comes up, with philosophic coolness, and man be improved in the delicate reserve, with which he is accustomed to address women, in the sick room? The bounds of modesty once passed in this professional intercourse, will the additional freedom of speech, and manner thus acquired impart grace or dignity to a woman in her new character?

Could women be induced to see the true line of duty in relation to medical study, it would be to learn preventive medicine and acquire a suitable knowledge of physiology and hygiene, so as to be able to preserve their own health, and that of their children and to inculcate on the latter, the close connection between the physical and mental well being of our nature. The field is large and its cultivation would richly repay the laborers in it.

In no other country than our own is a body of women authorized to engage in the general practice of medicine. The specialty of midwifery practice in France is hedged in by regulations which call for the assistance of medical men in any case of difficulty or doubt.

Moved by these considerations be it therefore

*Resolved*, That, in conformity with what they believe to be due to the profession, the community in general and the female portion of it in particular, the members of this Society cannot offer any encouragement to women becoming practitioners of medicine, nor, on these grounds, can they consent to meet in consultation such practitioners.

The resolution was seconded and unanimously passed.

On motion, it was unanimously resolved that the remarks with which Dr. BELL, preceded his resolution be adopted as a preamble, thereto.

A motion was made to publish the action of the Society, which, at a subsequent meeting, after considerable discussion, was modified by the passage of the following resolution offered by Dr. BELL:

Dr. BELL remarked that as a general thing he was opposed to publication in the daily papers, and in this case he thought it would not be due to the dignity of the profession to have the action of the society first to appear in the daily papers before its insertion in the medical journals. He, therefore, moved that the Secretary be instructed to send copies of the preamble and resolution adopted by the Society, to the *American Journal of Medical Sciences*, *The Medical News and Library*, and *THE MEDICAL AND SURGICAL REPORTER*, of this city, for publication in these journals, and to the Medical Society of the State of Pennsylvania.

## EDITORIAL DEPARTMENT.

### Periscope.

#### DISLOCATION AND FRACTURE OF THE SPINE—TREPHINING.

Dr. DAVID W. CHEEVER, of Boston, reports in the *Boston Medical and Surgical Journal* three cases of dislocation and fracture of the spine.

In the first case dislocation occurred of the fifth and sixth cervical vertebrae, in consequence of a fall. The accident had occurred fifteen hours previous to his entering the hospital—pulse 60 and full; respiration quiet but wholly abdominal; diaphragm contracting well; head thrown back; slight priapism; paralysis of sensation and motion of entire person below nipples anteriorly, and below seventh cervical vertebrae, posteriorly. No reflex action; body warm; patient could rotate his head through an arc equal to one fourth of a circle, and move it somewhat forward

and backward, though the latter caused pain; slight power of motion laterally.

The seventh cervical vertebra and all below it was uninjured.

The fifth and sixth, over which there was an effusion and swelling, seemed abnormally elastic on pressure; vertebrae above could not be felt. No crepitus.

Twenty four hours later, pulse 64; respiration distressing and more frequent; no thoracic respiration; chest as still as a marble statue; diaphragm working less forcibly; amount of air inspired small; action of heart labored; abdomen tympanitic; no facial paralysis; mind perfectly conscious; swallows and talks well; entire paralysis of arms, legs, trunk, bladder, etc.

Gradually, pulse becomes more irregular, and feebler; respiration 32; expiration noisy; talks incoherently; speaks slowly with great effort to articulate; words lagging, etc., and he died fifty hours after the accident; no autopsy allowed.

The second case was one of probable dislocation and perhaps fracture of the lower cervical vertebrae. The symptoms very much the same as in the former case. He died about twenty-four hours after the receipt of the injury. No autopsy.

The third case is of greater interest, as the operation of trephining the spine was performed. The patient, from a fall had received a fracture of the vertebral column in the upper dorsal region. Entire paralysis of legs and trunk; retention of urine, and diaphragmatic respiration. Crepitation of broken bone was very evident between the scapulae. Pulse and respiration were failing, and a fatal termination, unless relieved, was easily foreseen.

An operation was decided upon. An incision was made over the fracture, and the broken ends of several spinous processes removed. The laminae being found to be fractured also, segments of the arches of four vertebrae were removed with the trephine elevator and tooth-forceps. The cord was freely exposed, and seemed intact in its membranes, except a small spot on the upper border of the wound, where an appearance, like laceration was presented. Free venous hemorrhage ceased spontaneously. The rough edges of the laminae were trimmed off with gnawing forceps. The cord appeared to be free from pressure, both above and below the wound. No injury of the head was found. But emphysema began to appear on the right side and front of the thorax.

The patient, the next day entirely conscious; protrudes tongue; swallows; talks; pulse 108, fuller than day before; respiration 30 and thoracic every intercostal muscle contracting well, in inspiration; some dyspnoea; emphysema moderate; chest tympanitic; priapism gone; can feel slight touch with finger as low down as knee, but not lower. He began to fail, the pulse running up to 160, respiration becoming very rapid and distressing, but the thoracic muscles moving

with the diaphragm to the last. The breathing was short and catching, as if the lungs were oppressed but not paralysed. An autopsy could not be obtained, but there is reason to conclude that he died of fractured or dislocated ribs, wound of the pleura, and pneumo-thorax, since his respiration, pulse, and mode of death differed totally from the other cases. They died with a pulse of 40, and a respiration growing slower and slower; he died with a pulse of 160, and a spasmodic and exceedingly rapid breathing.

Trephining the spine and raising the depressed laminae restored the inspiratory power of the intercostal muscles, and relieved the diaphragm; it restored also the trunk and thighs to sensibility. If no lesions had existed in the chest, there would seem to be reason to have hoped for a favorable result. Immediate death from pressure on the nervous centre was averted at any rate, and life prolonged.

Dr. CHEEVER, in advocating the operation of trephining the spine in cases of fracture, is sustained by the experience of several surgeons of note. In a very interesting article on the subject by Dr. ROBERT McDONNELL, F. R. S., published in the *Dublin Quarterly Journal of Medical Science* for August 1866, the whole question is ably discussed, and three cases of the operation detailed, one by GORDON, one by O'DONNELL and one by LOUIS. The seat of fracture in these cases was the lumbar vertebrae. Two of the patients recovered, and one died from renal abscesses, on the seventeenth day after the operation.

Dr. O'DONNELL says: "That the proceeding of trephining the spine should be permitted to take its place among the legitimate operations of surgery, as one which, although formidable, and in most cases not likely to be successful, nevertheless offers, in certain cases, by far a better prospect of saving life than the system of doing nothing."

*gastralgia*, or abdominal or epigastric pain, severe and paroxysmal in character. This occurs often in the absence of all pain or tenderness or pressure of the spine itself, which Dr. LEE insists, is *never* an early symptom.

The only difficulty as to this sign (initial *gastralgia*) is, of course, its separation in diagnostic interpretation, from the pain of some other affections, and particularly from that of ulcer or cancer of the stomach. In both of these last diseases, the pain varies greatly; so it does, indeed, in aneurism of the abdominal aorta, from ulcer and cancer (besides the tumor of the latter) we have frequently, but not always, ejection of blood from the stomach as a sign. Dr. LEE urges the importance, as joint symptoms with *gastralgia* in commencing spinal disease, of rigidity of the muscles on rising in the morning, and a disposition to carry the whole body timorously in walking, from a feeling of the need of avoiding jarring movements.

As to the *pathology* of caries of the spine, Dr. LEE denies the universality or exclusiveness of its dependence upon the scrofulous diathesis. It is asserted seldom, if ever to occur *idiopathically*, but nearly always to be brought on by an injury of some kind; of course the tuberculous predisposition modifies its history.

Dr. LEE, in his account of the *treatment* of the disease, argues against counter-irritation as a remedy. He adopts otherwise, the views of Dr. DAVIS, and explains them, with excellent illustrations. The apparatus preferred for mechanical correction of angular curvature is that of Dr. C. F. TAYLOR, which differs from that of Dr. DAVIS in having hinges allowing of free *backward* motion, instead of being altogether immovable. We agree with Dr. LEE, in believing this to be advantageous.

The essays of which this volume is composed, have been already brought favorably before the profession. One was an inaugural thesis, which received the award of a prize, from the New York College of Physicians and Surgeons, in 1851. Another was read before the Medical Society of the State of Pennsylvania, in 1865. The third has been published in the transactions of the American Medical Association for 1866, on the recommendation of the committee on prize essays; the accidental disclosure of the author's name having excluded it, by rule from competition. The book is beautifully printed and bound, and is quite readable, as well as instructive.

## Reviews and Book Notices.

CONTRIBUTIONS to the Pathology, Diagnosis and treatment of Angular Curvature of the Spine. By BENJAMIN LEE, M. D. pp. 129. Philadelphia: J. B. LIPPINCOTT & Co. 1867.

*Orthopædia* has received of late a full share of consideration in medical literature. The works of DAVIS, PRINCE and TAYLOR have, very recently, been noticed in these columns. That of Dr. LEE is, nevertheless, not superfluous; it gives an interesting discussion of "Pott's Disease," its nature, clinical history and management. Especial attention is called in this book to an "initial symptom" of spinal disease often overlooked or misunderstood, viz:



## Medical and Surgical Reporter.

S. W. BUTLER, M. D., Editor and Proprietor.

PHILADELPHIA, APRIL 6th, 1867.

### THE NEW COMMERCIAL HOSPITAL IN CINCINNATI.

The city of Cincinnati having been authorized by the Legislature to appropriate \$500,000 with which to build a new hospital edifice, has appointed a commission to take charge of the construction of the same. Three premiums, of \$1,200, \$800, and \$500, were offered for plans. The plan adopted was that of Mr. A. C. NASH of Cincinnati.

An eligible site has been selected, occupying a whole block, 448 by 340 feet between Plum st. and Central Avenue and Twelfth and Ann sts.

The structure will be composed of eight, almost wholly disconnected buildings.

Several advantages are secured by this arrangement; first, better ventilation; second, greater security from conflagration; and third, more architectural beauty and effect. But these several divisions are so arranged, bordering the four sides of the square, twenty-five feet from the pavements at their nearest points, as to present the appearance of unity, and at a little distance they seem like one immense edifice.

On Twelfth street, midway between Central Avenue and Plum street, will stand the head or central portion of the structure, termed the Administration Department. It will be a building 75 feet front by 50 feet deep, with a main entrance and hall in the center. This administration block will contain, on the first floor, rooms for the Superintendent and family, reception rooms, apothecary and dispensary, resident physician's library and pathological museum. The basement contains rooms for storing and examination of drugs, a laboratory, family and officers dining rooms, laundry and drying chamber, family kitchen, cellars, etc. In the second story are the Trustees' room, sleeping rooms for Superintendent's family, and private wards for pay patients.

In the third story is the operating theater, with seats for 750 students. This room will be lighted mainly from the roof, but it will also have a few side and end windows for light and air. In connection with the theater will be a room for operators, an instrument room, bath and lavatory, rooms for patients before and

after operation. There will also be a lift communicating with each story below.

The pavilions are designed for three stories. The wards in the central pavilions are calculated for thirty-six beds each, and the remainder twenty-four beds each, making about six hundred in all, the wards being so located as to secure a direct current of air through them. At one end of the wards are rooms for the physician and nurse, with a water closet-kitchen, pantry and fuel and convalescent dressing rooms, linen and clothes rooms, patients' lifts, dumb waiter and foul linen shoot. At the other end of the pavilion are water closets, slop sinks, bath and lavatory. These rooms have a direct ventilation through them, and a downward draft in connection with the main chimney stack. At one end of the central pavilions are private rooms for pay patients. The basement of the pavilions are devoted to accident and temporary wards, dormitories for domestics, coal depots, store and baggage rooms, etc.; also, in the basement there is a railway for the convenience of the sick, and for distributing coal, food, &c., to the various lifts.

The central building on Ann street contains the kitchen, bakery, servants' hall and dormitories, engine room, porters' lodge, post mortem room and a mortuary.

Patients will be taken into the Hospital on Ann street, near Central avenue. Visiting physicians will, also, generally enter here, as it is intended to erect a neat carriage house and stable on the line of Ann street, some distance from the kitchen, for the safety of their horses and buggies.

The whole establishment will be heated by steam—in the wards, by means of coils of pipe in heated air chambers—in the basement, in the halls by means of direct radiation from steam tables or radiators.

Corridors connect the various buildings. These corridors are intended to be open in the summer for the free circulation of air, and they may be closed in winter.

The walls of the whole edifice will of course be brick, belted at each story with sandstone work, the door and window openings being ornamented with the same material. The central building will have the appearance of four stories above the basement, on account of the height of the lecture room in the third story; the pavilions will be but three stories above the basement. The lecture room will be sur-

mounted by a dome and spire reaching 110 feet above the pavement. Each of the outer ends of the pavilions will be surmounted by a turret, for ornament, and to promote ventilation. The top stories all around will be finished in French style, with Mansard roof of slate. The whole square will be surrounded by an iron fence, standing on a substantial but neat stone foundation.

The Superintendent intends to push the work forward with all the dispatch consistent with economy and good workmanship, and it is expected that the walls will be got up, and perhaps put under roof, by next fall.

We are indebted for the above account to the *Cincinnati Gazette*.

## Notes and Comments.

### THE QUACK AND "THE MINISTER."

A subscriber in Missouri sends us a couple of circulars sent out by a quack in New Haven, Conn. The first is directed "to the minister" at Paradise, Mo., and begs of him, with the promise of a reward of a package of his "great life regulator," to induce a merchant in the place "to sell this healing and most valuable health giving medicine, called Dr. —'s great Life Regulator." "When writing, please write the name of the merchant very plain so that I can print their name in the circulars."

The above reveals a new way of establishing agencies, and would seem to indicate a consciousness on the part of the quack that he would be apt to find sympathy by addressing his circulars to "the minister." Why did he not address it to "the doctor," "the lawyer," or to "the merchant" himself?

The following is the second circular, and it is certainly paying a poor compliment to the intelligence of "the minister," to suppose him capable of being captivated by the medical skill of such an ignoramus.

NEW HAVEN, CONN., February 27th, 1867.

Dear Sir: My object in writing to you is to inform you of the Great Life Regulator.

It certainly is the greatest gift from Heaven to us as a people for the healing of our bodies. It instantly cures all forms of sickness, and in the shortest space of time heals the body from all diseases.

It is for this I take the pleasure of informing you of this great remedy, that you may become acquainted

with a medicine which will in all cases, under all circumstances be sure to give health to the sick.

Its accurate time in curing the sick in all cases, where they have not long been confined to their bed, is from one to eighteen hours.

Wishing you much happiness and health,  
— M. D.

### MEDICAL DEPARTMENT OF WASHINGTON UNIVERSITY, BALTIMORE.

The circular of this new medical school was mislaid, and we have until now neglected to notice it. It has been organized with a full faculty of eight professors and four adjunct professors, all but two of whom "Served as surgeons in the late civil war; five of them were known prior to the war, as popular and successful professors in the medical colleges, and all of them are natives of the Southern States.

There are to be two sessions each year, the first beginning on the first Tuesday in April, and continuing four and a half months, and the second beginning on the first Monday in October, and terminating on the first Saturday in the ensuing March. Tickets 15 dollars each. Dr. H. L. BYRD, Dean of the Faculty, 21 North Calvert St., Baltimore, Md.

The faculty certainly contains names of men who are well known as medical practitioners and teachers.

### CHLOROFORM AND ERGOT IN TEDIOUS LABORS.

The discussion between Drs. HILDRETH and REAMY, will be likely to throw light on this interesting subject. They are intelligent, earnest men, and we are glad they are giving an instance of an earnest discussion without an exhibition of ill feeling. The drawback to such discussions, is the space they occupy beyond what is actually needed to elucidate the subject in dispute, and we earnestly hope, that it may not be considered necessary to prolong this, certainly in lengthy communications.

### BOWER'S GLYCERINE.

Our attention has been called by Dr. ADOLPHUS to an error in his article on Glycerine in the *REPORTER* of Jan. 12th, in which he is made to recommend *Brown's*, instead of *BOWER'S* Glycerine, prepared by HENRY BOWER, Esq., a prominent pharmacist of this city.

## THE MURDER OF DR. LIVINGSTONE.

The murder of Dr. LIVINGSTONE, the celebrated African traveller, has been for some time reported in the newspapers. These accounts have seemed to us unreliable, and we were not disposed to accept them as true, and we are glad to find that recently, Sir RODERICH MURCHISON and others, have expressed doubts on the subject. Dr. KIRK, formerly a companion of Dr. LIVINGSTONE's, now British Vice-Consul at Zanzibar, furnishes an account given by some Johanna men of the party, who profess to have seen Dr. LIVINGSTONE murdered, and who escaped the massacre. According to their story, the party was attacked, probably in August last, on the west of Lake Nyassa, and half of them murdered. We hope to hear of the untruth of this report, and of the return of this indefatigable explorer.

Later news seems to confirm the report of his death.

## MEDICAL JOURNALS.

Dr. H. V. WILLIAMS, late of Bridgeport, Ky., has located in Indianapolis, Indiana, where he proposes to issue the *Indiana State Medical Journal*, a monthly of 64 pages. We trust the enterprise will be sustained.

The *Southern Journal of the Medical Sciences*, an excellent quarterly, published in New Orleans, and edited by Dr. D. WARREN BRICKELL, and his associates Drs. BEARD, MITCHELL and HOLT, begins its second volume, May 1st. The subscription price has been reduced to \$6. This ought to greatly increase its circulation.

The *Savannah Medical Journal*, the organ of the Medical Society of the State of Georgia, has, we are sorry to learn, temporarily suspended publication. It is an excellent journal, and we shall be glad to learn of its early resumption.

—Prof. M. B. WRIGHT, in his address to the graduates of the Medical College of Ohio at Cincinnati recently read the following prescription, which he says was sent to a drug store by one of the prominent homeopaths of that city. The prescription does not need note or comment, being suggestive enough without!

R. White vitriol, 1 drachm; plumb. acet., 2 drachms; pulv. opii,  $\frac{1}{2}$  drachm; pulv. gum arabic, 2 ounces.

M.  
Elixir—Peruvian bark and protox. ferri.

## Correspondence.

## ABORTION TO PREVENT INCREASE OF FAMILY.

EDITOR OF THE MEDICAL AND SURGICAL REPORTER.

In the REPORTER, of March 16th, Dr. TACKETT, gives an account of two cases of abortion, *most likely* produced by "mechanical operation." This subject is of fearful interest, and the evil is wide-spread, almost universal. I have lately observed two similar cases which you may add to the calendar if you think fit to publish them.

About two weeks ago I was called to see a woman who was "very sick,"—"had congestive chills," &c. Saw her immediately and learned the following facts. She was pregnant 6 or 8 weeks, but being as she said, "bound not to have any more children, because they were too poor to take care of them,"—had ridden 20 miles in a lumber wagon, but as this was not sufficient, had resorted to a *wire* which she had used to make mis-carriage certain. She showed me the "instrument" hanging up in her cupboard as a *family utensil*. She stated, moreover, that many other women of her acquaintance used the same means to prevent increase of family. Remonstrance against the practice was listened to very coolly and not in the least heeded. Although suffering seriously she conjured me not to give her anything to "stop it." But she had already succeeded in destroying the embryo.

Another case recently,—a woman of 35, with five children, was "flowing very bad," had been "over-doing," thought "it couldn't be over 4 or 5 weeks along." Opiates, cold and quiet made her comfortable and she passed a good night. Yet the next day "flowing," set in more persistently than ever with pain, and general disturbance of the system. Anodynes, ergot, cold, the tampon—all means failed to control the hemorrhage, and to save the patient, who was becoming faint and weak, it was necessary to resort to the dernier measure of hastening the removal of the ovum. Upon examination the anterior wall of the cervix was found occupied by a hard painful tumor, extending into the body of the uterus which, if not a malignant growth, was the result of acute inflammation, from mechanical injury, and finally the confession was elicited, that she was nearly 3 months pregnant, and during the latter 2 months her husband occa-



sionally used a bent wire to destroy the fœtus, which attempts had given her much pain and produced the injury to the cervix. Her husband had been instructed in the use of this means by a "Doctor out west," and the "operation," had been resorted to, as often as pregnancy was suspected, with a nearly fatal result at several times. They "could not think of having any more family;" but she resolved never to submit to this proceeding again.

Alas! what a strange infatuation possesses the minds of American women! Excepting the marriages that are fruitless from physiological causes or from observance of *physiological laws*, how few are the families in which abortion or fœticide is not practised. Show them its terrible evils and they urge poverty and ill-health, if not their *prerogative* in the matter, and some argue that if it is a crime to destroy the fœtus after conception—*ergo, propter hoc*—it is wrong to have copulation without impregnation.

Can there be found no remedy? Education, if the current *questionable*, popular information may be so called, seems to increase rather than check the evil. The opinion, it would appear, is becoming prevalent, that the generative power is a "mistake and a nuisance," the function superfluous (and for women, an annoyance,) and maternity a disgrace. A.

KALAMAZOO, MICH., March 28th, 1867.

#### FOREIGN BODY IN THE AIR PASSAGES MORE THAN THREE MONTHS.

EDITOR OF THE MEDICAL AND SURGICAL REPORTER:

On the 26th of last April, I was summoned to see Q. H., set. eighteen months. His mother told me he had been languid and drooping two days before, having, as she thought, caught cold. This, however, caused him to be but slightly indisposed, until the 26th, when he was left alone, playing on the floor, having, among other things, a number of coffee beans. During his mother's temporary absence he suddenly got worse, so that after her return, she found him blue in the face, with threatening suffocation. On examination, the following symptoms presented: Countenance anxious, great difficulty of respiration, pulse slightly accelerated, cough violent and paroxysmal, voice normal. The fauces presented nothing abnormal. Upon percussion the resonance was found natural, but auscultation showed the existence of dry ronchus on the left side,

with a to and fro sound which was very audible, even at a distance from the patient. The child was very restless, and *constantly rubbing its nose*.

The case was either insidious true Croup, or a Foreign Body in the Air Passages. It was therefore left for future development; meanwhile, administering mild emetics, an occasional warm bath when the symptoms were urgent, and anodynes to render the patient's condition as comfortable as could be under the circumstances. After the lapse of a few days without any change in symptoms, no loss of voice or apparent exudation in the fauces, it was unhesitatingly pronounced a case of foreign body in the wind-pipe. The child's chances of recovery without an operation were considered extremely doubtful, but the parents expressing their unwillingness to have it operated upon, and as such an operation in so small a child is by all means a very dangerous one, it was left as a forlorn hope for spontaneous ejection. The treatment henceforth was conducted on general principles, consisting of anodynes, anti-spasmodics with iron, and good, nutritious diet, for a period of seven weeks, (most of the time the suffering was severe) when it gradually began to improve, with, however, the ronchus and flapping sounds remaining quite marked. Treatment was now discontinued, the child being brought to my office once a week to watch for complications and to observe its progress, until the 7th of August; he was then seized with vomiting and diarrhœa, (cholera infantum,) when, to the agreeable surprise of myself, as well as his parents, he vomited the roasted coffee intruder, which was about one third larger than an ordinary coffee bean, preserving its shape and smoothness perfectly.

The child has greatly improved since the favorable expectoration, leaving but a slight bronchitis behind. Thus the foreign substance was retained, in this case, for three months and ten days without the least sign of disintegration, and very remarkably, considering the size of the bronchial tubes at such an age, without proving destructive to life. It was lodged in or at the entrance of the left bronchial tube, as the normal vesicular murmur was frequently inaudible on the left side, while it always remained clear on the right side, which is contrary to the general rule in such cases.

A. P. FETHEROLF, M. D.

LITZEBURG, PA.

# CASE OF POISONING BY MORPHIÆ SULPHAS— STRONG COFFEE AS AN ANTIDOTE.

EDITOR MEDICAL AND SURGICAL REPORTER:—

On the 20th, of December last, I was aroused at 3 o'clock, A. M. by a young man who was apparently in much distress, about the condition of his brother, a young man, about 25 years old, and who had, as I was informed by the elder brother, taken a dose of "morphine" the night before, prior to going to bed, or rather before the usual bed time, to relieve him of the pain caused by a large scrofulous abscess, that was rapidly forming on the left side of his neck.

The patient was of an excessively scrofulous diathesis and bore many of the peculiar cicatrices on his neck and breast, so many evidences of the previous use of the lancet. On this occasion he begged his brother to procure a second dose of morphia for him, the first not having brought the relief he hoped and expected. He at first took a half grain and his elder brother seeing that this did not relieve him went to the nearest drug store and purchased ten grains more, under the impression that it would be needed. During his absence the patient fell asleep, and his brother thinking the first dose had taken effect and relieved him, went to bed and falling asleep himself, did not wake until near 3 o'clock in the morning, when he was aroused and alarmed by the stertorous breathing of his brother. We learned after he had recovered, that he awoke about midnight, and still suffering intense pain went to the mantel piece, where the morph. sulph. had been left, and taking what he supposed to be a dose from a paper, swallowed it and again went to bed. At this dose he took three grains, as was ascertained by weighing what was left. By three o'clock when I saw him, he was comatose, his breathing stertorous, pupils contracted until not larger than the head of a small pin, and in a state of insensibility almost complete. I ordered a quart of coffee made from half a pound of the parched grains, which I administered per rectum in quantities of six ounces every ten minutes, having in the intervals the surface of his entire body vigorously chafed by friction from the rough palms of two stout men. Suddenly, and without giving any premonition of returning consciousness, after I had given the fourth injection, he sprang up to a sitting posture and stared wildly around him for a few

seconds, and again fell back on his pillow. Those who were standing around, looked upon this as his death struggle, but my own attention was immediately arrested by the great improvement of his breathing which was now returning to its natural condition, and told that the remedy was rapidly taking effect and that the danger had past. His brother who had been crying over him since my arrival, witnessing this sudden and silent start, asked me to let him run for another Doctor to assist me, and would scarcely believe me when I told him he was now safe, and would soon be free from the effects of the medicine. In one hour from the time of the first injection, he had recovered so far from the alarming condition in which I found him, that I did not think it necessary to remain longer, and ordering two ounces of coffee, to be taken every half hour left him. I have thought worth while to report this case as it will show how much we may depend upon *strong coffee* in cases of poisoning by opium and its alkaloids.

MATT. CALVERT, M. D.

MERIDIAN, Miss., March 10th, 1867.

## THE TRAVELING QUACK NUISANCE.

EDITOR MEDICAL AND SURGICAL REPORTER:—

During the past year our city authorities, with a view to abate an increasing annoyance or nuisance, and to add something to revenue, passed an ordinance licensing foot and street pedlars, and all sorts of transient shows and cheats, who find the proper material for their operations only in towns and cities; but they omitted, or forgot, traveling, or stud-horse doctors. About the time the ordinance was published, bills and posters were distributed over our city by one of them, announcing that he would stand two days in each month in our city, during the next two years!!

Considering him, and such like, proper objects for license, several professional friends were consulted as to the propriety of uniting in petitioning our City Fathers to extend the provisions of their general license system to this class of travelling doctors. No agreement could be had, so that whatsoever was done, must be done by individual effort. Mentioning the subject to several councilmen, we found them, unexpectedly, very willing to pass such an ordinance. A rough draft of an ordinance was furnished one of them, and the ordinance as finally passed is appended. It

meets my approbation; but its value can only be tested by its practical working. If it is deemed a good precedent, please publish it, that others may know what has been done here, and improve on it. If it does not abate the nuisance of stud-horse doctors plying their vocation in our midst, it will, if enforced, at least, bring a little revenue into our city Treasury. Very Respectfully,

Z. C. McELROY, M. D.

ZANESVILLE, Ohio, March 27th, 1867.

AN ORDINANCE requiring transient or Travelling Physicians practicing in the City of Zanesville, to take out license therefor.

SEC. 1st. Be it ordained by the City Council of the city of Zanesville, that all transient or travelling doctors or physicians, plying their vocation in the city of Zanesville, whether in hotels, private houses or on the street, whether advertising or not, or using medicines prepared by themselves or others, or professing to cure disease by any application whatever, shall first procure from the Mayor of said city a license therefor.

SEC. 2d. The Mayor of said city is hereby authorized to issue the license named in the 1st Section hereof, upon the payment to him, for the use of the city, of the sum of five dollars for each and every period of twenty-four hours, or fractional part thereof, that such doctor or physician proposes to stay in the city, and if such person should prolong his stay for the purposes aforesaid beyond the time for which such license was issued, then upon prepayment at the same rate, a new license shall issue for such further time as the applicant shall then pay for at the rate aforesaid.

SEC. 3d. Any one neglecting or refusing to comply with the provisions of this ordinance, shall, upon conviction thereof before the Mayor, be fined ten dollars for each and every day, he, she, or they, shall have plying, or attempted to ply his, her or their profession or vocation in this city without such license, and shall stand committed in the city prison until such fine and all costs including those of the city prison, be paid.

SEC. 4. It is hereby made the duty of the city Marshal to see that the provisions of this ordinance are faithfully executed; and it shall further be his duty, whenever he shall find any such person or persons without such license, forthwith to cite him, her, or them before the Mayor to be dealt with as herein before provided, but the Mayor is also required to act upon the complaint of any other person.

SEC. 5. This ordinance shall take effect and be in force from and after its passage and publication.

Passed in Council March 25th 1867.

F. A. THOMPSON.

President of the Council.

GEO. G. GIBBONS, City Clerk.

#### A SUBSTITUTE FOR THE STOMACH PUMP.

EDITOR MEDICAL AND SURGICAL REPORTER:

In a Chicago paper of a recent date, there appeared a report of a suicide which took place in one of the hotels of that city. The unfortunate victim was a young woman who had been ruined by her lover and then abandoned. She came to Chicago, stopped at one of the hotels, and procured a quantity of morphia, which she took for the purpose of destroying

herself. The reporter states that she was discovered a short time after she had swallowed the poison, and a physician was sent for. He came, and immediately discovered, from her symptoms and a paper marked "morphia," that she had taken a large quantity of that article. He said that her life could be saved, provided he could obtain a stomach pump. Accordingly policemen started out in every direction in search of an instrument of this kind. After a fruitless search, they returned and reported that there was not a stomach pump to be found in all that part of the city.

The Doctor said he could do nothing to relieve her without it, and consequently the woman died.

This case is a sufficient apology for calling the attention of the profession to a substitute for the stomach pump, which I once successfully used. The apparatus I have reference to consists of a common DAVIDSON'S India rubber syringe and a large size gum elastic catheter attached to it. By introducing the catheter (or what is still better, a stomach tube) into the stomach, and attaching it to one end of a DAVIDSON'S syringe, the stomach can be filled in a few seconds with water and and as quickly erupted.

I had occasion to use this instrument in this way in 1859. I was called to see a child three weeks old, to whom had been given by mistake, a teaspoonful of laudanum. I saw the child about ten minutes after swallowing the poison. Having no stomach-pump, and knowing there was none in the town in which I then resided, I thought of this expedient. I attached a large catheter to the anterior end or tube of the syringe and introduced it into the child's stomach. I injected about a gill of warm water into the stomach, reversed the syringe and pumped it out again. I continued this operation until the water brought from the stomach no longer had the smell of opium. The child recovered without a bad symptom. Now, what was done for this child might have been done for the Chicago suicide. A syringe, such as I have described, could have been obtained at the nearest drug store, had the physician ordered it. Perhaps a similar case may occur again, and a life be saved, and our noble profession obtain the credit for it, by remembering this simple way to contrive a stomach-pump.

R. W. PARK, M. D.

MOBILE, Ala., March, 1867.



## News and Miscellany.

### THE AZTECS.

The poor, deformed idiots who were several years ago exhibited in this country under the name of "Aztecs," have been for some time in Europe. The announcement recently that they had been married, has called out the following communication to the *British Medical Journal*, from which it would seem that they are brother and sister. Is there no law, either common or statute, in England, to prevent the cupidity of man going to such unwarrantable lengths as to allow idiots to marry, and they brother and sister?

### THE AZTECS.

"Your account of the marriage of the AZTECS on January 8th, reminded me of some old papers in my possession, by which it would appear that they already held a near relationship together, if there be any truth in the following translation of a letter addressed to a friend of mine, a merchant of this city, connected in business with Central America, by a native correspondent, at that time in England. It is dated Manchester, 13th July, 1838, and signed by Pedro E. Rivaz, the writer.

I have read in the *Times* and *Illustrated News* today, the history of the Aztec children who have been presented to the Queen, and exhibited to the public in the character of an existing race of Central America.

"All related therein is a fable, invented by their possessors for the purpose of their exhibition. The children in truth came from St. Salvador, of whom I am able to give the following history. The mother is a native of St. Salvador, and lives in a village near the city St. Miguel. When at St. Miguel in 1849, I met a friend of mine, named Raymond Silva, who, having heard of the peculiarity of these children, had conceived the idea of obtaining them for a speculation to exhibit them in the United States and Europe. By the use of some stratagem, possession was obtained of them, although the mother refused her consent. They were embarked at the port of the Union, and carried to Grenada, where they were confided to the care of Don Trinidad Salazar, who proceeded with them to the United States; and who, the better to carry out the enterprise, engaged as his partner a North American, living at that time at Grenada. When they arrived at New York, they met with various disappointments; but in the end arranged for Senr. Salazar to have the possession and the profits of the children.

"The next year, Senr. Silva, convinced of the great advantages the possessor of these children might reap, went to New York, and succeeding in reclaiming them, soon gained money by their exhibition. After a while, he parted with them for a certain sum of money to another person; but whether it was he who had them before or another, I do not know. These are the

principal events that occurred at New York that year.

I have the strongest reasons for believing that these Aztec children are the same that I saw at St. Miguel, and that they have no pretension whatever to belong to any unknown race; but that their diminutive size is consequent upon a freak of nature, since their parents are of a well known race of native Spaniards, which is spread over the greater part of Central America, and this is confirmed by the personal knowledge I have of their mother. They are of the Roman Catholic religion, which is the only one in my country. I am native of Central America, and have never heard of any such mysterious city as Yxlmay, nor of any such degenerate race as that described. There is such a place as Cupan (called in the *Illustrated News* Coban,) and near it there are certainly ruins of most curious ancient monuments, but no mysterious city.

### A NEW TURKISH BATH.

It is said that a new company is to be formed in New York City with a capital of a million and a half dollars, for the construction and operation of a large establishment for Turkish baths, capable of accommodating one thousand five hundred bathers per day. The building is to cover fourteen lots of ground. The operators are to be Turks, imported from the best baths in Constantinople and Smyrna; a first-class restaurant, billiard rooms, &c., are to be connected with the baths, and under the same roof. The originators of this enterprise purpose, we believe, to make it one of the chief objects of curiosity and attraction to visitors and residents of the city.

The above is all well enough except the "first-class restaurant, billiard rooms," &c., which would most assuredly degenerate into a "first-class" groggery, and the establishment thus be the means of doing much more harm than good.

*A Literary and Medical Curiosity.* The following is the title of an ancient and curious Medical work in the "Halsey Library" of the Western Theological Seminary of the Presbyterian church, in Allegheny, Pa. It is an exact transcript, and may be interesting to antiquarians and gentlemen of the Medical profession:

A DEFENSATIVE against the Plague; containing two partes or treatises: the first, showing the means how to preserve vs from the dangerous contagion thereof: the second, how to cure those that are infected therewith.

Whereunto is annexed a short treatise of the small Poxe: showing how to governe and helpe those that are infected therewith. Published for the loue and benefit of his Countrie, by *Simon Kelwaye*, Gentleman. At London. Printed by John Windet, dwelling near Powles Wharfe at the Signe of the Crossekeyes, and are there to be soulede. 1592.—*Presbyterian Banner*.

## VIVISECTION.

The *British Medical Journal* says that private letters from Paris report that the authorities at Alfort are framing regulations which will materially restrict the practice of vivisection in the veterinary schools. If these restrictions should be applied, not more than one operation will be performed upon any animal; and such operations will be confined to the purposes of necessary physiological research.

—The acting Quartermaster-General, D. H. RUCKER, has issued an order authorizing officers of the Quartermaster's Department, in charge of the Government trains returning from the frontier and other remote points, upon the requisition of medical officers, to furnish transportation by such trains for collections of specimens for the Army Medical Museum, when such transportation can be furnished without injury to the public service.

## FREEDMEN'S HOSPITAL AT NASHVILLE.

Some time since Major-General Carlin, Commissioner of the Freedmen's Bureau for Tennessee, appointed a commission to examine into the propriety of establishing a Freedmen's Hospital in the city of Nashville. After a full examination the committee have reported that such an institution is not only proper but necessary, and measures will no doubt, be promptly taken for its erection.

EARL BROWNLOW, whose death was recently announced from England, was an invalid all his life. He spent the winters in Madeira, and on going thence each season he used to discover individuals afflicted with the same delicacy of constitution as himself, but who could not afford the solace which wealth procured for him. These, sometimes to the number of thirty or forty, he prevailed upon to accept his "invitation upon a voyage in search of health," as he delicately termed his kindness. From England to Madeira during the winter, and thence back to England, he took upon himself every possible charge of these poor people, including not only every enjoyment of which they were capable, but also the advantage of first-rate medical skill which was necessary for his own case.

## ASYLUM FOR INEBRIATES.

The trustees of the State Inebriate Asylum located at Binghamton, N. Y. have secured the services of ALBERT DAY, M.D., as Superintendent. He was the organizer and successful manager of the Washington House of Boston for the treatment and cure of inebriates. They hope to open the institution for the reception of patients about the first of May next.

## MARRIED.

FRANCOIS—JEFFERS.—In Saugus Center, Mass., March 12th, by Rev. L. BRIGHAM, EDWARD A. L. FRANCOIS, M. D., and Miss REBECCA J. JEFFERS all of S.

HOPKINS—FORNACHON.—In New York City, on the 30th ult., by the Rev. T. S. HASTINGS, GEO. HOPKINS, M. D. of Newburgh, N. Y., and Miss LUCIE FORNACHON.

RICHARDSON—PARKHURST.—March 14th, at the residence of the bride's parents, by the Rev. J. H. LOCKWOOD, Dr. J. P. RICHARDSON and Miss ANNIE E. PARKHURST, all of Clermont County, O.

## DIED.

JONES.—In this city, March 28th, Z. RING JONES, M. D. aged 38 years.

McPHAIL.—In Brooklyn N. Y., March 23d, Dr. L. C. McPHAIL. Dr. McPHAIL was educated in Europe, and at the close of his studies there entered the service of the United States, where he served with distinction, as the public records testify. Since his residence in Brooklyn, he had endeared himself to many by his genial manners, scientific ability, and Christian character. His loss will be mourned by a large circle of friends and admirers.

RICKARDS.—In this city, March 29th, Mrs. Rachel Ann, wife of Dr. Wm. M. L. Rickards, in the 43rd year of her age.

## METEOROLOGY.

| Day of Month. | Lowest Point. | Eight o'clock. | Twelve o'clock. | Barometer. | Three o'clock. | Depth of Rain. | Mean. | Wind and Weather.   |
|---------------|---------------|----------------|-----------------|------------|----------------|----------------|-------|---------------------|
| 18            | 17            | 27             | 29              | 30.2       | 30             |                | 25.75 | N. W. Clear.        |
| 19            | 16            | 26             | 29              | 35         | 30             |                | 26.   | N. W. Clear.        |
| 20            | 20            | 30             | 38              | 30.3       | 39             | 7-10           | 31.75 | N. E. Cloudy.       |
| 21            | 28            | 32             | 38              | 30.2       | 37             |                | 33.75 | N. E. Cloudy. Rain. |
| 22            | 30            | 33             | 35              | 30         | 34             |                | 33.   | N. E. Cloudy. Rain. |
| 23            | 30            | 35             | 38              | 30.3       | 38             |                | 35.   | N. E. Cloudy.       |
| 24            | 31            | 34             | 37              | 30.3       | 38             |                | 35.   | N. E. Cloudy.       |

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